FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 PM 3:58

DOCUMENT # **K45783** **(3)**

1. Corporation Name
VIKKI'S PLACE, INC.

Principal Place of Business	Mailing Address
~~6900 STIRLING RD~~ ~~HOLLYWOOD FL 33024~~	6930 STIRLING RD HOLLYWOOD FL 33024

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/14/1988
3a. Date of Last Report: 08/02/1994

2. Principal Place of Business
21: N/A - BUSINESS SOLD
Suite, Apt. #, etc. 22:
City & State 23:
Zip 24: Country 25:

2a. Mailing Address
26: 18438 NW 13TH ST
Suite, Apt. #, etc. 27: C/O MURPHY
City & State 28: PEMBROKE PINES, FL
Zip 29: 33029 Country 30: BROWARD

4. FEI Number: 65-0083724 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MURPHY, LILLIAN V.
6930 STIRLING RD
HOLLYWOOD FL 33024

10. Name and Address of New Registered Agent

81 Name: MURPHY, LILLIAN V
82 Street Address (P.O. Box Number is Not Acceptable): 18438 NW 13TH ST
83
84 City: PEMBROKE PINES FL 85 Zip Code: 33029

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D/P/S/T	☒ Change ☐ Addition
NAME	MURPHY, LILLIAN V.	1.2 NAME	LILLIAN V MURPHY	
STREET ADDRESS	6930 STIRLING RD	1.3 STREET ADDRESS	18438 NW 13TH ST	
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	PST	2.1 TITLE		☐ Change ☐ Addition
NAME	MURPHY, LILLIAN V.	2.2 NAME		
STREET ADDRESS	6930 STIRLING RD	2.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 3-6-95 305/456-0030
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0004437 CP